DOCUMENT # P97000049229

1. Entity Name

CARA DENTAL, INC

Principal Place of Business

Mailing Address

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90282 002 ***158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
780 NW 42ave	780 NW 42ave
Suite, Apt. #, etc. 527	Suite, Apt. #, etc. 527
City & State MIAMI FL	City & State MIAMI, FL
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 65-0759206 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AURELIO PIEDRA
780 NW LeJeune #516
MIAMI, FLORIDA 33126

7. Name and Address of New Registered Agent

Name: ANTONIO OTERO
Street Address (P.O. Box Number is Not Acceptable): 780 NW 42 ave #527
City: MIAMI FL Zip Code: 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[illegible] After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DVT	☐ Delete
NAME	CLAUDIO MIRO L	
STREET ADDRESS	780 NW 42ave #527	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE	DPS	☐ Delete
NAME	ANTONIO OTERO	
STREET ADDRESS	780 NW 42ave #527	
CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 7/30/01 (305) 442-8866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #